

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIAFILED
SCRANTON

JAN 21 2020

(1) Jose Montanez KW8233 :
(Name of Plaintiff) (Inmate Number) :1100 pike street Huntingdon, PA 16654 :
(Address) :Per KP
DEPUTY CLERK(2) _____ :
(Name of Plaintiff) (Inmate Number) :_____
(Address) :3-20-CV-0097
(Case Number)(Each named party must be numbered,
and all names must be printed or typed)

vs.

CIVIL COMPLAINT

(1) Robert A. Lynch (4) Kevin Kauffman :(2) Paula Price (5) Alexa Dedeo :(3) Gabrielle Nalley :
(Names of Defendants) :(Each named party must be numbered,
and all names must be printed or typed)TO BE FILED UNDER: ☒ 42 U.S.C. § 1983 - STATE OFFICIALS☐ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

Jose Montanez, Plaintiff v. Reed, Hannon, DefendantsCivil Action No. 3:14-CV-1362 (2014)Judge Robert D. Mariani

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No
- C. If your answer to "B" is Yes:
1. What steps did you take? I first tried to exhaust through Medical Director then through Prison Grievance procedure
 2. What was the result? Medical Director sent me back to the Prison Grievance Procedure and they ~~to~~ Rejected my Grievance
- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS

- (1) Name of first defendant: Robert A. Lynch
 Employed as Supervising Nurse at SCI-Huntingdon
 Mailing address: Unknown
- (2) Name of second defendant: Paula Price
 Employed as Healthcare Administrator at SCI-Huntingdon
 Mailing address: Unknown
- (3) Name of third defendant: Gabrielle Nalley
 Employed as Physicians Assistant at SCI-Huntingdon
 Mailing address: Unknown

(List any additional defendants, their employment, and addresses on extra sheets if necessary)

IV. STATEMENT OF CLAIM.

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets if necessary.)

1. On 9/17/19 I wrote to Healthcare Administrator Ms. Paula Price in regards to the fact that I was not receiving proper Medical care for a second degree Burn and that included Medical

Staff ignored my verbal requests for sufficient Pain (page two)

2. Ms. Paula Price is SCI-Huntingdon's Health care Administrator, and as such, we inmates need access to her when her subordinates are not giving adequate medical care. However, Ms. Price practices a policy where her supervising Nurse (page two)
3. Physician's Assistant Ms. Gabrielle Nalley was made away of the pain I was in both verbally and in writing through a 'sick call' medical form. Despite this, she still refused to prescribe me any adequate pain medication (continue on Page Three)

V. RELIEF

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I would like for the court to order that there be security cameras placed into the Treatment Room where there is also a lockable bathroom and Medical staff are often left alone with inmates. Accusations can be made both ways ~~with~~ with no proof.
2. I Request for the termination of the jobs of All Medical staff mentioned in this Civil Action Claim due to their Heinous actions and/or lack thereof that I have and will prove I was forced to endure.
3. Lastly I request \$150,000 (one-hundred and fifty thousand dollars) For pain and suffering both physically as well as mentally and and emotionally.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 15 day of January, 2020.

(Signature of Plaintiff)

A handwritten signature in black ink, appearing to read "Joe Montano", written over a horizontal line.

Jose Montoya
#KW0255
SCI-Huntingdon
1100 Pike Street
Huntingdon, PA 16654-1112

INMATE MAIL
PA DEPARTMENT
OF CORRECTIONS



RECEIVED
SCRANTON
JAN 21 2020
Pen ——— LEADY CLEAR

Clerk of Court
U.S. District Court
Middle District of Pennsylvania
U.S. Courthouse
235 N. Washington Avenue
P.O. Box 1148
Scranton, PA 18501-1148



FILED
SCRANTON

JAN 21 2020

Statements of Claims

page # 2

Per HF
DEPUTY CLERK

(1) medication after it was already documented in my medical record that I told medical staff that my Pain from the burn wounds were a ten on a scale from one to ten. Instead of Ms. Price answering my Request To Staff regarding my complaint, It was answered by Mr. Robert A. Lynch. Despite my valid ~~my~~ complaints Mr. Lynch completely ignored the pain I was in and answered my Request To Staff only defending what Medical had done for me and was - at the time - doing for me. Mr. Lynch purposely disregarded my pain and The fact that I was not receiving proper ~~pain~~ medical treatment.

(2) Mr Robert A. Lynch answers all of her Request Forms from inmates, therefore, blocking inmates from full access to Department of Corrections Medical care system. Had Ms Price created a Policy that mandated that Mr. Lynch sent her copies of each inmate complaint and she went through those copies herself, maybe I would not have had to suffer physically, Mentally and Emotionally due to her Medical staff ignoring my suffering.

Statements of Claims

Page #3

- (3) I also made Ms. Nalley aware of the involuntary shaking my right leg had been doing since suffering the second Degree Burns on my right ankle. She told me, during my Sickcall visit with her, that she would prescribe me some muscle relaxers; these drugs were never ordered for me, and when I wrote to her through the prisons Request Form procedure, It was answered by Supervising Nurse Robert A. Lynch who answered my request form saying that the medication was ordered for me but I never went and picked them up. The next time I came into contact with Ms. Nalley was September 30, 2019. I was in medical receiving annual treatment for my wounds when Ms. Nalley walked into the treatment room. I asked her about my medication that she was supposedly to have had ordered and she said that she would have to "check it out." She then asked me if I "still was ~~experiencing~~ experiencing the same pain. I told her that I was and she nodded. I still never received any sufficient pain medication. Ms. Gabrielle Nally was being deliberately indifferent to my substantial pain which amounted to cruel and unusual punishment and her action in cohesion with Ms. Alexis Dedea shows clear retaliation against me.

Statements of Claims

Page #4

(4) Mr. Kevin Kauffman is the Superintendent here at S.C.I.-Huntingdon ~~is~~ and is aware, or should be aware, of these policies that are are being carried out in the medical Department. I wrote to Mr. Kauffman on 9/23/19 concerning the fact that I could not get through to the Prisons Healthcare Administrator through Request Forms because the Supervising Nurse, Mr. Robert A. Lynch, kept intercepting my Request Forms to Ms. Paula Price, the Healthcare Administrator. I received an answer to my Request Form to Superintendent Kauffman dated 10/4/19, however, this Request Form too was intercepted. Whoever this person was ~~that~~ answered Superintendent Kauffman's Inmate Request Form told me that it was permitted for the Supervising Nurse to ~~Assist~~ "Assist" the Healthcare Administrator in answering her Request Forms.

(5) Ms. Alexa Dedee took it upon her-self to insert herself into my Medical Treatment ~~and~~ and lie to me about not being allowed to receive treatment to my burn wounds, therefore, not giving me treatment the night of 10/7/19. ^{Five} ~~Seven~~ days later Ms. Alexa Dedee, on 10/13/19, got together with Physician Assistant Ms. Gabrielle Nally and my treatment was terminated early.

DEFENDANTS

Page #2

- (4) Kevin Kaufman
Superintendent at SCI-Huntingdon
- (5) Alexa Dedea
Nurse (I think) at SCI-Huntingdon

**FORMS TO BE COMPLETED BY PRISONERS FILING A CIVIL RIGHTS
COMPLAINT UNDER 42 U.S.C. § 1983 or 28 U.S.C. § 1331**

COVER SHEET

THIS COVER SHEET CONTAINS IMPORTANT INFORMATION ABOUT FILING A COMPLAINT AND YOUR OBLIGATIONS IF YOU DO FILE A COMPLAINT. READ AND COMPLETE THE COVER SHEET BEFORE YOU PROCEED FURTHER.

The cost for filing a civil rights complaint is \$350.00.

If you do not have sufficient funds to pay the full filing fee of \$350.00 you need permission to proceed in forma pauperis. However, the court will assess and, when funds exist, immediately collect an initial partial filing fee of 20 percent of the greater of:

- 1) the average monthly deposits to your prison account for the past six months; or
- 2) the average monthly balance in your prison account for the past six months.

Thereafter, the institution in which you are incarcerated will be required to make monthly payments of 20% of the preceding month's deposits credited to your account until the entire filing fee is paid.

CAUTION: YOUR OBLIGATION TO PAY THE FULL FILING FEE WILL CONTINUE REGARDLESS OF THE OUTCOME OF YOUR CASE, EVEN IF YOUR COMPLAINT IS DISMISSED BEFORE THE DEFENDANTS ARE SERVED.

1. You shall file a complaint by completing and signing the attached complaint form and mailing it to the Clerk of Court along with the full filing fee of \$350.00. (In the event attachments are needed to complete the allegations in the complaint, no more than three (3) pages of attachments will be allowed.) If you submit the full filing fee along with the complaint, you **DO NOT** have to complete the rest of the forms in this packet. **Check here if you are submitting the filing fee with the complaint form.** ____

2. If you cannot afford to pay the fee, you may file a complaint under 28 U.S.C. § 1915 without paying the full filing fee at this time by completing the following: (1) Complaint Form; (2) Application To Proceed In Forma Pauperis; and (3) Authorization Form. You must properly complete, sign and submit all three standard forms or your complaint may be returned to you by the Clerk of Court. **Check here if you are filing your complaint under 28 U.S.C. § 1915 without full prepayment of fees.** ☒

Please Note: If your case is allowed to proceed and you are awarded compensatory damages against a correctional facility or an official or agent of a correctional facility, the damage award will first be used to satisfy any outstanding restitution orders pending. Before payment of any compensatory damages, reasonable attempts will be made to notify the victims of the crime for which you were convicted concerning payment of such damages. The restitution orders must be fully paid before any part of the award goes to you.

DO NOT DETACH THE COVER SHEET FROM THE REST OF THE FORMS